

INTER-COUNTY TRANSFER INSTRUCTIONS

PURPOSE: For transmittal, control, and receipt of case records transferred from one county to another.

NUMBER OF COPIES AND DISPOSITION: For all active AB, AFDC, AFDC-FC, BP, FS, MA, NC, GR, SSI Only, SSI/SP, SP Only cases, pending applications, and closed cases, two copies; original sent to receiving county with the case record, and the copy retained by the transferring county. For all Social Service cases, three copies; one retained in originating county and two sent with the record. One copy will be returned to originating county by receiving county upon receipt.

MANUAL REFERENCES: Chapters I - VI, VIII - IX - Income Maintenance Manual
Sections IV and V - Social Service Manual.

INSTRUCTIONS FOR COMPLETION:

From: Enter name of transferring county.

To: Enter name of county to which record is being transferred.

"AB", "AFDC", "AFDC-FC", "BP", "Purchase/Direct Service Case(s)", "FS", "GR", "MA", "NC", "SSI-SP", "SSI Only", "SP Only", "Title XIX-Vendor Only", "POB", "Other": Place an "X" in the appropriate box to indicate the category of assistance being received or requested. For unit records, more than one "X" will be necessary. When two cases or applications in the same category are being transferred, use a second line, "X" through the category already entered, and then enter the proper category. Include case number for all categories, active or inactive and indicate status by checking either "Application", "Active", or "Closed". If a county has both a Direct and Purchase Service case folder, both will be sent. If there is only one folder, line through the word which does not apply. The "Other" area will be used for SAU case folders.

Case Number: Enter case number(s) as carried in the transferring county.

New Case Number: Enter case number(s) as it will be carried in receiving county.

"Application", "Active", "Closed": Place "X" in appropriate box to indicate status of record being transferred.

If Supplemental Payment is received...: In those cases where a State Supplemental Payment is received, enter the amount of the last payment. If a Supplemental Payment is not received, leave this line blank. An additional line is provided for cases having more than one claimant.

If SSI Payment is received...: In those cases where an SSI payment is received, enter the amount of the SSI payment, otherwise leave blank. An additional line is provided for cases having more than one claimant.

Case Name: Enter case name of claimant as on Application Form, last form 5, or BRS-401 card. A second line has been provided for cases having more than one claimant or primary claimant:

New Address: Enter mailing address of claimant in receiving county.

Old Address: Enter address on Application or last Form 5. This may be the same as "New Address" if notice of change of address has already been sent to State Office.

Date: Enter date of transfer.

Signed - Title: Enter name and title of person authorizing transfer of record.

Received by: For all cases, the receiving county will sign and date the original and return it to the sending county.